



## M-CEITA Call with NPO Practices 8-4-14

Dan Belknap and Bruce Mackey from MCEITA, Nirvish Shah from eCW on call

Question: Measure 15 Transitions of Care – if the practice can send a referral to another practice, but the receiving practice cannot send back, how do we qualify for Measure 15.3?

- 15.1 Core measure
  - Print, fax, send, P2P – with attachments IE: notes, medical summary – meets measure.
- 15.2 Core measure
  - Must be sent electronically – to direct email, with attachments – meets measure.
- 15.3 Core measure
  - Exchange with different EHR or you can send a referral to a designated CMS test EHR. Most practices send to CMS test EHR, they will send you a confirmation which meets measure
  - Only needs to be 1 test, with 1 provider who is on the database.

*Please note:*

- *Please see Appendix 1, page 3 of this document for detailed document developed by NPO, M-CEITA and eCW after call*
- *Also available is a document from eCW “Sending a Test Referral Electronically to a CMS-Designated Test EHR - July 2014”*

Question: There are 4 CQM’s that were configured for, but do not have account numbers so they cannot get down to the patient detail. We have put a ticket in to eCW; do you have an ETA on when that will be completed? They are: CMS50 –closing the referral loop, CMS68 – Current medications, CMS146 – appropriate testing for pharyngitis, and CMS154 – appropriate treatment for URI.

- Ed Worthington will follow up with eCW, for the practice.

Question: Is there an update on the Syndromic Surveillance interface, when it will be ready?

- Will need follow up, Ed Worthington and Nirvish will follow up with an answer.

*Please note: Sample eCW message has been developed and is available for practices to use for testing.*

Question: When tracking the family history, how specific does this need to be?

- Use the common diagnosis codes when documenting family history, CMS has not said how defined this needs to be.
- In the numerator calculations they only look to see if one of the family members has documented diagnosis.
- It is ok to document “unknown” if the patient does not know specifics.
- At least one of the family members needs to be ICD-9 coded for structured data.



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Question: What is the most common problem people are having with Meaningful Use?

- E-prescribing
  - Can you do batch processing for eligibility?
    - Yes, with eCW practices, you can do it manually or schedule a “nightly job” to batch process for the appointments on the next day. If it is a same day appointment, you would need to do the check manually.
    - The eligibility is good for 3 days.
- Patient Portal Measure
  - The patients are not logging into the patient portals.
    - Need to post lab results, testing results, etc.
    - Need to have the patients send messages etc. as this will help with this measure.
- Visit Summaries
  - It needs to be completed in 1 day, most providers are still of the mindset that they have 3 days to complete.
- If the Syndromic Surveillance Interface is ready at any time during the quarter, will we get credit?
  - Yes – example if it is ready September 25<sup>th</sup>, and the provider wants to attest for July, August and September, it will count. It is a one-time test.



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### Appendix 1

#### **Meaningful Use – Stage Two Core Measure 15**

*A Summary of Care must include the following elements: Patient Name, Referring provider's name/contact information, procedures, encounter dx, immunizations, lab results, vitals, smoking status, functional status, demographics, care plan, care team members, referral reason, current problem list, current medication list, and current medication allergy list.*

#### **Measure 1:**

The EP who transitions or refers their patient to another setting of care or provider of care provides summary of care record for more than 50 percent of transitions of care and referrals.

**Explanation** – The provider simply has to send a summary of care. It does not need to be electronic – e.g., a fax of the summary of care to the next provider or setting of care is sufficient for this measure.

#### **Measure 2:**

The EP who transitions or refers their patient to another setting of care or provider of care provides summary of care record for more than 10 percent of such transitions and referrals either (a) electronically transmitted using CEHRT to a recipient or (b) where the recipient receives the summary of care record via exchange facilitated by an organization that is a NwHIN Exchange participant or in a manner that is consistent with the governance mechanism ONC establishes for the NwHIN.

**Explanation** – The recipient can receive the summary of care via: a) organization this is an NwHIN Exchange Participant, e.g. HIE (Health Information Exchange), b) Direct message, or c) Certified EHR Technology (CEHRT). For example, the referring practice can send the summary of care from eCW, via P2P, and the receiving practice can retrieve it via P2POpen (or another Direct network).

#### **Measure 3:**

An EP must satisfy one of the following criteria:

Conducts one or more successful electronic exchanges of a summary of care document, as part of which is counted in "measure 2" (for EPs the measure at §495.6(j)(14)(ii)(B) with a recipient who has EHR technology that was developed designed by a different EHR technology developer than the sender's EHR technology certified to 45 CFR 170.314(b)(2).

Conducts one or more successful tests with the CMS designated test EHR during the EHR reporting period.

**Explanation** – Either a successful CMS test using Direct – DirectTrust is not necessary – or at least one instance of the numerator in Measure 2 must occur with a direct transmission from the originating EMR to an EHR



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platform created by a different vendor – i.e., sending a referral from P2P to a NextGen practice on P2POpen will not satisfy this measure unless a custom HISP-HISP interface is implemented. The URL for the test EHR is <http://ehr-randomizer.nist.gov>

### Exclusion:

Any EP who transfers a patient to another setting or refers a patient to another provider less than 100 times during the EHR reporting period is excluded from all three measures.

All measure definitions (and Summary of Care data elements) have been copied from [http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads/Stage2\\_EPCore\\_15\\_SummaryCare.pdf](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads/Stage2_EPCore_15_SummaryCare.pdf), retrieved on August 4, 2014

Definitions and data elements have been sourced from download of “Stage 2\_EP\_SpecSheets\_revised” at [http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Stage\\_2.html](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Stage_2.html), retrieved on August 8, 2014.